

## **PPI and H2 BLOCKER**

## Request Form (MAP-82101, revised 10/18/04)

Submitted by: [ ] Prescriber [ ] Pharmacy

Approval does not ensure eligibility. Please verify

## FAX to 800-365-8835 (toll free)

For **URGENT** Requests Only, FAX to **800-421-9064** (toll free)

For NURSING FACILITY Requests Only, FAX to 800-453-2273 (toll free)

**MAIL** to PA Unit, 14955 Heathrow Forest Pkwy. Houston, TX 77032 Put return address below:

RECIPIENT NAME					MAID # (10	DATE OF BIRTH		
				_				
PRESCRIBER Information					PHARMACY Information			
Name								
hone #								
ax#								
State License# Not DEA# or any other #)								
Name of Dru	ug Requested	Dosage Form	Strength	Quantity	Directions for us	Start Date for this PA	National Drug Code (if known)	
] [] ] [] ] [] IAGNOSIS (che ] Barrett's esop ] Duodenal ulc ] Esophageal s	ohagitis er, acute or recurr	For PF For PF  [ ] G  [ ] G  ing [ ] G	PI requests: In requests: PI re	s the request Has the recipi acute or recui	for initial or new treatme ent been treated for mo rring teflux Disease) g symptomatic	re than 12 weeks with PP  [ ] Heliobacter pylo  [ ] NSAID gastropat  [ ] Scharzki's ring  [ ] Zollinger-Ellison	is during the past 6 months?  ri eradication protocol hy  syndrome	
-	er, current or previous record to the contract of the contract		oarseness, or	cough due to	reflux	[ ] Other (specify)		
and H2 blockers	s used in the past	3 months	Dosage Fo	orm Streng	th Directions for Us	e Date treatment star	ted Date treatment ended	
URRENT MEDIC	CATIONS	ding drugs a	already tried)					
				LEAV	E THIS SECTION BLA	NK		